

MAILBOX

Raising the suborbicularis fat (SOOF)

EDITOR.—The paper by Olver¹ describes nine consecutive patients suffering from sagging of the lower eyelid due to facial palsy, in whom lifting of the suborbicularis oculi fat (SOOF) was added to the usual treatment with the lateral tarsal strip procedure and, if indicated, medical canthal tightening. Based on observation of her results, the author concludes that SOOF lifting both supports the elevation of the lower eyelid and enhances the cosmetic results. However, the study offers no clear data on postoperative lower eyelid height or any comparison of her results with reported data on the tarsal strip procedure alone. Therefore, I feel that the study offers insufficient evidence to support these conclusions.

Since the addition of SOOF lifting to a relatively straightforward lateral tarsal strip procedure is likely to enhance its morbidity (more conjunctival chemosis, as stated by the author, possible damage to the infraorbital nerve, more bleeding and infection) I would suggest that routinely adding a SOOF lift to the tarsal strip procedure should be postponed until the advantage of this addition has been demonstrated more clearly, preferably in a randomised prospective series that quantifies the lower eyelid position and that uses an independent observer for qualitative comparison.

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- 1 Olver JM. Raising the suborbicularis fat (SOOF): its role in facial palsy. *Br J Ophthalmol* 2000;84:1401-6.

Reply

EDITOR.—I thank Van den Bosch for his interest in my paper¹ on the role of the suborbicularis oculi fat (SOOF) lift in the rehabilitation of patients with chronic facial palsy. The aim of my paper was to describe the lateral tarsal strip (LTS)² in conjunction with a SOOF lift in the correction of lower eyelid "sag" or paralytic ectropion. The use of this procedure was confined to patients in whom, preoperatively, there was coexistent mid-face ptosis which could be elevated digitally, mimicking the anticipated surgical outcome. My paper did not suggest that the combination of LTS and SOOF should be used routinely for all cases of paralytic ectropion. Probably only one in four patients with chronic facial palsy would be suitable for this procedure.

Measurement of palpebral aperture and lagophthalmos used in this study provides data relating to the lower eyelid raising but not the mid-face raising. I found that the SOOF lift was best in longstanding facial palsy, such as congenital or childhood onset, where the cheek tissue was slightly atrophic and the mid-face lift sustained.

A LTS alone does not always adequately reduce lagophthalmos in facial palsy, therefore other techniques and variations of LTS are sought. Direct comparison with other series is often difficult as patient selection may differ and other confounding influences may be present. A randomised prospective trial is a counsel of perfection. It is probably inappropriate at this stage in the development of the technique, when patient selection and

optimal techniques are yet to be fully determined. In practice, it is unlikely that sufficient numbers of patients would consent to take part in such a study. For a randomised study to produce accurate results both patient selection and operative technique need to be unchanged for a large number of patients.

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- 1 Olver JM. Raising the suborbicularis oculi fat (SOOF): its role in chronic facial palsy. *Br J Ophthalmol* 2000;84:1401-6.
- 2 Olver JM. Surgical tips on the lateral tarsal strip. *Eye* 1998;12:1007-12.
- 3 Van den Bosch WA, Rosman M, Stijnen T. Involuntary lower eyelid entropion: results of a combined approach. *Ophthalmic Surg Lasers* 1998;29:581-6.

Impression cytology in the diagnosis of ocular surface squamous neoplasia

EDITOR.—It is pleasing to see Tole *et al*¹ having success with impression cytology (IC) in the diagnosis of ocular surface squamous neoplasia (OSSN) and we thank the authors for their acknowledgment of our work.

We continue to use the small cellulose acetate strips because they offer greater sampling flexibility. However, the Biopore membrane could have practical advantages if samples are to be collected from a variety of locations and transported to the laboratory. We strongly recommend the use of the Papanicolaou stain when examining cytological preparations for this squamous neoplasm because the keratinised group offers the biggest challenge to diagnosis. Neither the Giemsa nor haematoxylin and eosin stains used by Tole *et al* are likely to be as helpful.

Tole *et al* note that the accuracy of IC in their hands is very similar to that quoted in our original publication and their results are also similar to our later report on a much larger group of intraepithelial and invasive histologically confirmed cases.² It seems reasonable to assume that both cellulose acetate strips and the Biopore membrane are equally efficient at sampling the ocular surface if the lesion is easily accessible.

The difficulty in interpretation of these specimens caused by the paucity of literature relating to cytological criteria is noted by Tole *et al*. A recent publication on the cytomorphology of OSSN³ may be helpful. It describes the cytological diversity seen in histologically confirmed impressions from 152 different patients including 23 with invasive SCC of the ocular surface.

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- 1 Tole DM, McKelvie PA, Daniell M. Reliability of impression cytology for the diagnosis of ocular surface neoplasia employing the Biopore membrane. *Br J Ophthalmol* 2001;85:154-8.
- 2 Nolan GR, Hirst LW, Bancroft BJ. Impression cytology in the identification of ocular surface squamous neoplasia: is it accurate? [abstract] *Invest Ophthalmol Vis Sci* 1998;39(Suppl 543):2500.
- 3 Nolan GR, Hirst LW, Bancroft BJ. The cytomorphology of ocular surface squamous neoplasia by using impression cytology. *Cancer (Cancer Cytopathol)* 2001;93:60-7.

BOOK REVIEW

Fundamentals of Clinical Ophthalmology: Glaucoma. Ed Roger A Hitchings. Pp 232; £60. London: BMJ Books, 2000. ISBN 0727914480.

This excellent, concise text covering the field of glaucoma is the latest in the *Fundamentals of Clinical Ophthalmology* series of monographs written for ophthalmologists in training and comprehensive practitioners. The stated goal of this collection is to provide updated, practical clinical information on each subject. Dr Hitchings has successfully fulfilled this aim by drawing upon the clinical expertise of notable glaucomatologists in the UK and around the world.

A majority of the text has been dedicated to the diagnosis and management of primary open angle glaucomas. In the first chapter, "What is primary open angle glaucoma?" Dr Hitchings gives the history of how POAG came to be understood by its current concepts. He also sets the philosophical tone for much of the remainder of the book by describing the present imperfections in determining progression and treatment needs. Subsequent chapters on epidemiology, clinical screening, and genetic screening are concise and well researched. The chapters describing the clinical features of glaucoma—optic disc features, glaucoma perimetry, and intraocular pressure—are well written and provide useful guidelines for assessing each aspect's role in glaucoma. Medical and surgical treatment options are covered in chapters 8-11. A must read for ophthalmologists in training is Dr George Spaeth's chapter on "Principles of treatment of glaucoma." The uncertainties in determining the best course of treatment are addressed with a perspective towards the patient's overall health and needs. The identification of glaucoma progression is discussed in two chapters, one on visual fields and the other on optic disc cupping. Both describe standard methods and more recent techniques such as scanning laser polarimetry and confocal scanning laser ophthalmoscopy.

Primary angle closure, the childhood glaucomas, and secondary glaucomas are covered in the last six chapters. All are excellently written with very good illustrations and photographs. Primary angle closure is often poorly understood among residents and general ophthalmologists. Classification, clinical features, epidemiology, mechanism, and management are presented in appropriate detail. Good quality ultrasound biomicroscopy (UBM) images effectively illustrate the various mechanisms of angle closure. The two chapters on paediatric glaucomas expertly cover the various types of glaucoma encountered in children and the many treatment options available. The final chapter is on secondary glaucomas and their treatments. Given the constraints of a single chapter, Dr Barton has done a splendid job of presenting this large and varied group of disease entities. In future editions, consideration may be given to expanding coverage of this section to two chapters.

In summary, this primer on glaucoma from the *Fundamentals* series is an excellent resource for those in ophthalmology training as well as general ophthalmology practice.

SHAN LIN

NOTICES

National prevention of blindness programmes and Vision 2020

The latest issue of *Community Eye Health* (36) discusses national prevention of blindness programmes. For further information please contact *Community Eye Health*, International Centre for Eye Health, Institute of Ophthalmology, 11–43 Bath Street, London EC1V 9EL. (Tel: (+44) (0) 20-7608 6909/6910/6923; fax: (+44) (0) 7250 3207; email: eyesource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

International Centre for Eye Health

The International Centre for Eye Health has published a new edition of the *Standard List of Medicines, Equipment, Instruments and Optical Supplies* (2001) for eye care services in developing countries. It is compiled by the Task Force of the International Agency for the Prevention of Blindness. Further details: Sue Stevens, International Centre for Eye Health, 11–43 Bath Street, London EC1V 9EL, UK (Tel: (+44) (0) 20-7608 6910; email: eyesource@ucl.ac.uk).

Second Sight

Second Sight, a UK based charity whose aims are to eliminate the backlog of cataract blind in India by the year 2020 and to establish strong links between Indian and British ophthalmologists, will be sending volunteer surgeons to India early in 2001. Details can be found at the charity website at www.secondsight.org.uk or by contacting Dr Lucy Mathen (email address lucymathen@yahoo.com).

European Intensive Program of Disease and Imaging of the Fundus

The European Intensive Program of Disease and Imaging of the Fundus under the auspices of the European Program Socrates will be held 2–12 July 2001 at the Clinique Ophtalmologique Universitaire, 40 avenue de Verdun, 94010 Créteil, France. Further details: Béatrice Rousseau (tel: (33 1) 45 17 52 22; fax: (33 1) 45 17 52 66).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled “Obstetrical and Gynecological Ultrasound” will be held in New York City, NY, on 24–26 August 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

14th World Congress of the International Society for Laser Surgery and Medicine

The 14th World Congress of the International Society for Laser Surgery and Medicine is to be held on the 27–30 August 2001 at Sri Ramachandra Medical College and University Hospital, Chennai, India. The American Society of Lasers in Medicine and Surgery has indicated that it will designate the 14th World Congress of ISLSM as its society's co-sponsoring meeting. A pre-conference course and separate sessions in ophthalmology will be held as a part of this international meeting. Further details: Dr B Krishna Rau, President, 14th World Congress of the International Society for Laser Surgery and Medicine, Department of Surgery, D2 Ward, Sri Ramachandra Medical College and Research Institute, Porur, Chennai - 600 116, India (tel: 91-44-4765856, 4768027-28, 8527776, 8594804; fax: 91-44-8594578, 4767008; email: krishnar@giasmd01.vsnl.net.in and website: www.medindia.net/islsm2001).

31st Cambridge Ophthalmological Symposium

The 31st Cambridge Ophthalmological Symposium will be held 3–5 September 2001 at St John's College Cambridge. The subject is Retinal Detachment. Further details: COS Secretariat, Cambridge Conferences, The Lawn, 33 Church Street, Great Shelford, Cambridge CB2 5EL, UK (tel: 01223 847464; fax: 01223 847465; email: b.ashworth@easy.net).

1st Asia Pacific Forum on Quality Improvement in Health Care

The 1st Asia Pacific Forum on Quality Improvement in Health Care will be held from 19–21 September 2001 in Sydney, Australia. Presented by the BMJ Publishing Group (London, UK) and Institute for Healthcare

Improvement (Boston, USA), with the support of the Commonwealth Department of Health and Aged Care (Australia), Safety and Quality Council (Australia), NSW Health (Australia) and Ministry of Health (New Zealand). Further details: quality@bma.org.uk; fax +44 (0) 7383 6869.

41st St Andrew's Day Festival Symposium on Therapeutics

The 41st St Andrew's Day Festival Symposium on Therapeutics will be held on 6–7 December 2001 at the Royal College of Physicians of Edinburgh. Further details: Ms Eileen Strawn, Symposium Co-ordinator (tel: 0131 225 7324; fax: 0131 220 4393; email: e.strawn@rcpe.ac.uk; website: www.rcpe.ac.uk).

4th International Conference on the Adjuvant Therapy of Malignant Melanoma

The 4th International Conference on the adjuvant therapy of malignant melanoma will be held at The Royal College of Physicians, London on 15–16 March 2002. Further details: Conference Secretariat, CCI Ltd, 2 Palmerston Court, Palmerston Way, London SW8 4AJ, UK (tel: + 44 (0) 20 7720 0600; fax: + 44 (0) 20 7720 7177; email: melanoma@confcomm.co.uk; website: www.confcomm.co.uk/Melanoma).

XXIXth International Congress of Ophthalmology

The XXIXth International Congress of Ophthalmology will be held on 21–25 April 2002 in Sydney, Australia. Further details: Congress Secretariat, C/- ICMS Australia Pty Ltd, GPO Box 2609, Sydney, NSW 2001, Australia (tel: +61 2 9241 1478; fax: +61 2 9251 3552; email: ophthal@icmsaust.com.au; website: www.ophthalmology.aust.com).

International Society for Behçet's Disease

The International Society for Behçet's Disease was inaugurated at the 9th International Congress on Behçet's Disease. Professor Shigeaki Ohno represents the ophthalmology division (Department of Ophthalmology and Visual Sciences, Hokkaido University Graduate School of Medicine, Sapporo, Japan: tel: +81-11-716-1161 (ext 5944); fax +81-11-736-0952; email: sohno@med.hokudai.ac.jp). The 10th International Congress on Behçet's Disease will be held in Berlin 27–29 June 2002. Further details: Professor Ch Zouboulis (email: zoubbere@zedat.fu-berlin.de).

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